Hospital and Clinic Innovations Proviso: TOOL SELECTION

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Influences on Health: Broadening the Focus

Health is shaped by many influences, including age, sex, genetic make-up, medical care, individual behaviors and other factors not shown in this diagram. Behaviors, as well as receipt of medical care, are shaped by living and working conditions, which in turn are shaped by economic and social opportunities and resources.



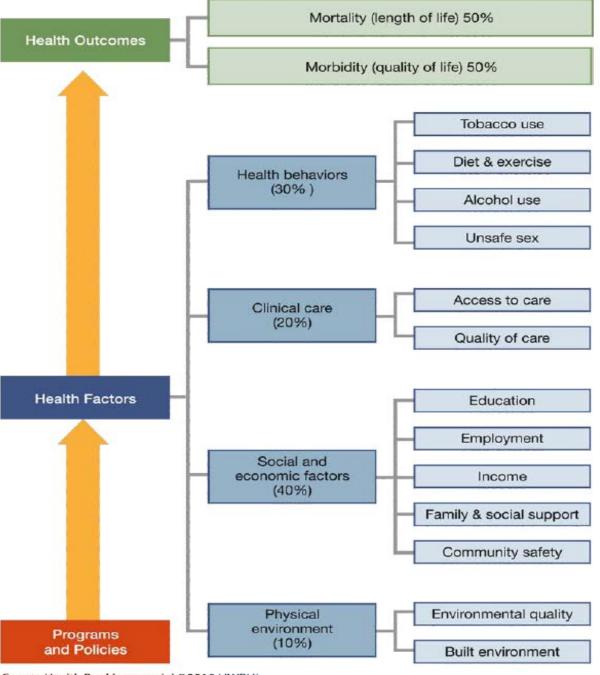
Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

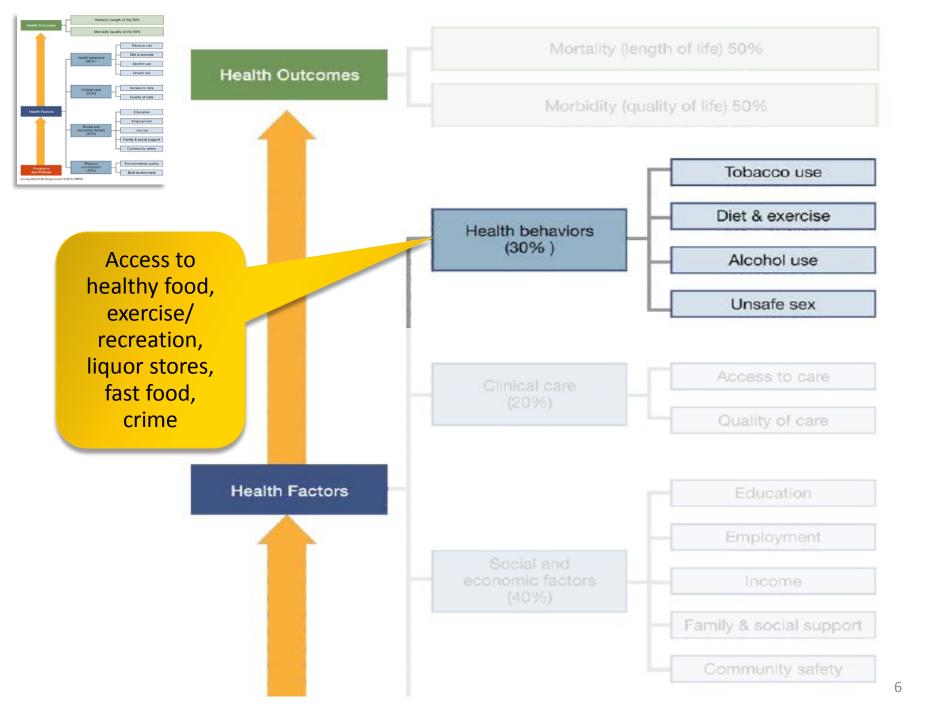
SOCIAL CONDITIONS

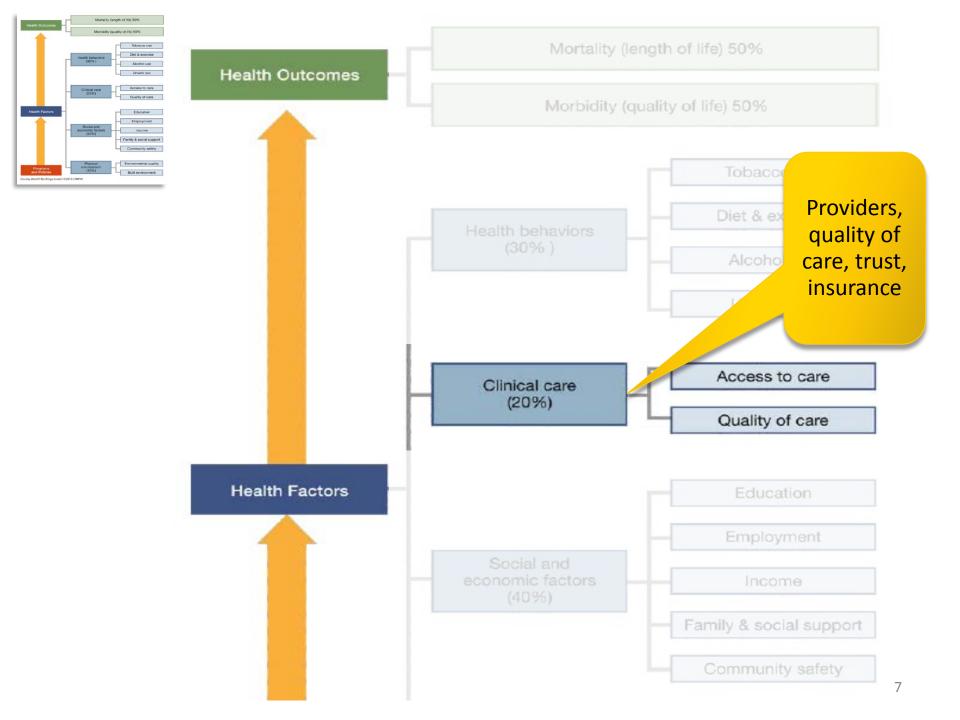
- Social Determinants of Health (Social and Economic Factors)
- Where one is born, lives, learns, works, and plays matters (Marmot, 2008)
 - Unemployment
 - Stress
 - Early life
 - Social exclusion

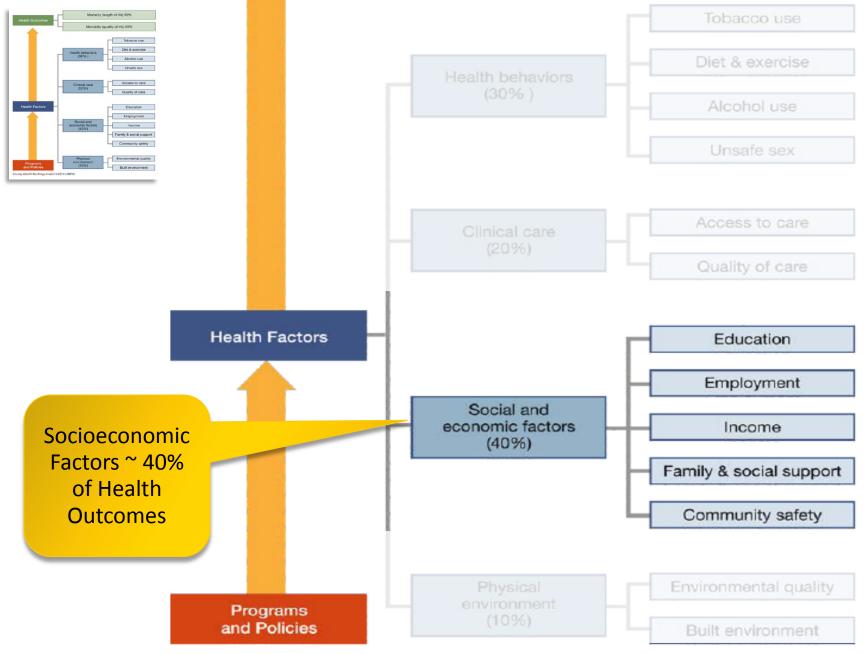
- Work life
- Social support
- Food
- Transport



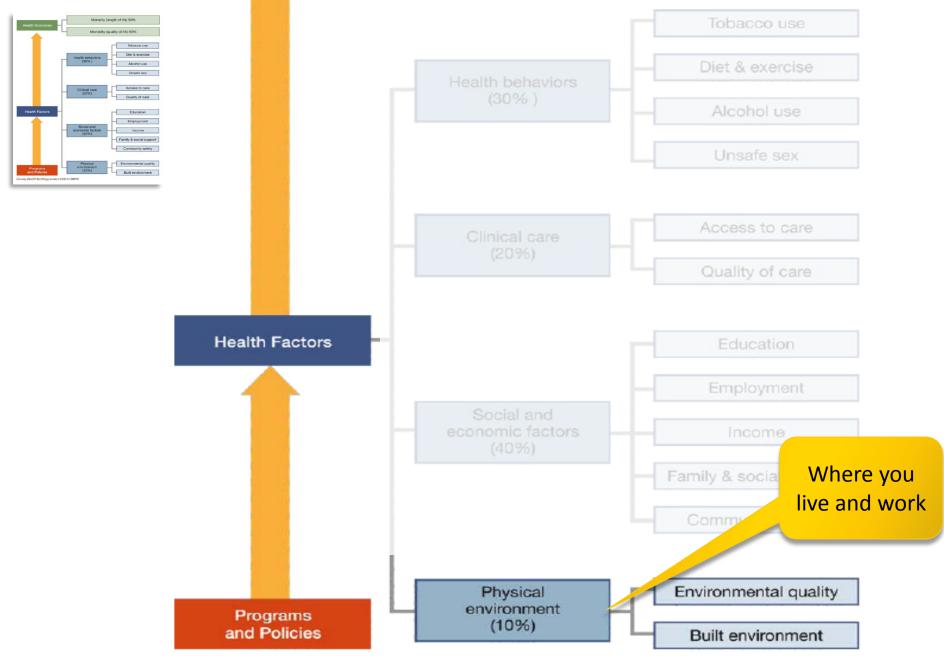








County Health Rankings model @2010 UWPHI

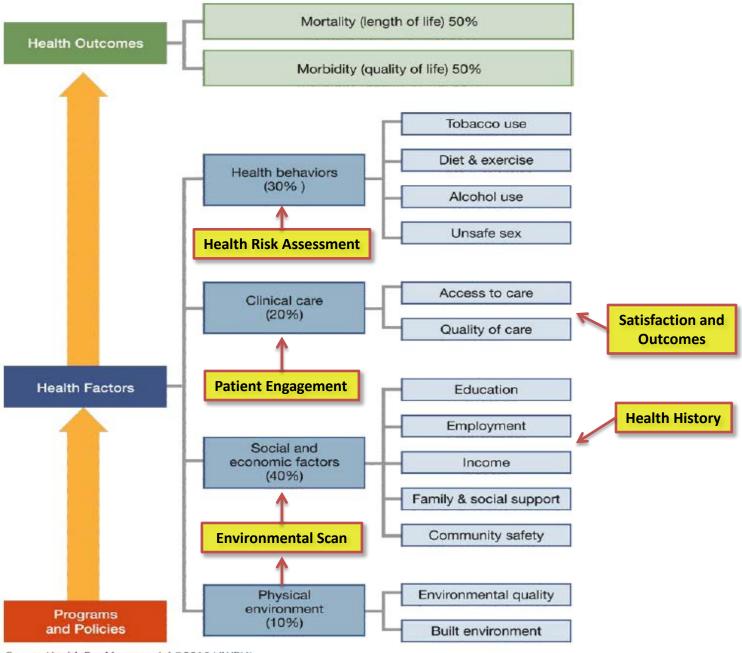


County Health Rankings model @2010 UWPHI



Components Requiring Measurement









Patient Activation Measure

Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. If the statement does not apply to you, circle N/A.

Your answers should be what are true for you and not just what you think others want you to say.

When all is said and done, I am the person who is responsible for taking care of my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
Taking an active role in my own health care is the most important thing that affects my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I am confident that I can help prevent or reduce problems associated with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I know what each of my prescribed medications do.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I am confident that I can tell a doctor my concerns, even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I am confident that I can follow through on medical treatments I may need to do at home	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I understand my health problems and what causes them.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I know what treatments are available for my health problems.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I know how to prevent problems with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I am confident I can figure out solutions when new situations or problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
I am confident that I can maintain lifestyle changes, like eating right and exercise, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

The 13-Item Patient Activation Measure Used in the 2007 HSC Health Tracking Household Survey

CF	IRONIC CONDITION VERSION	Non	N-CHRONIC CONDITION VERSION
1.	Taking an active role in my own health care is the most important factor in determining my health and ability to function.		Taking an active role in my own health care is the most important factor in determining my health and ability to function.
2.	When all is said and done, I am the person who is responsible for managing my health condition(s).		When all is said and done, I am the person who is responsible for managing my health.
3.	I know what each of my prescribed medications does.	3.]	I know what each of my prescribed medications does.
4.	I am confident that I can follow through on medical treatments I need to do at home.		I am confident that I can follow through on medical treatments I may need to do at home.
5.	I am confident I can tell my health care provider concerns I have even when he or she does not ask.		I am confident that I can tell a doctor concerns I have, even when he or she does not ask.
6.	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.		I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
7.	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).		I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health.
8.	I understand the nature and causes of my health condition(s).	8.	I understand the nature and causes of my health problems.
9.	I know the different medical treatment options available for my health condition(s).		I know the different medical treatment options available for my health conditions.
10.	I know how to prevent further problems with my health condition(s).	10.	I know how to prevent problems with my health.
11.	I have been able to maintain the lifestyle changes for my health that I have made.	11.	I have been able to maintain the lifestyle changes for my health that I have made.
12.	I am confident that I can figure out solutions when new situations or problems arise with my health condition(s).		I am confident that I can figure out solutions when new situations or problems arise with my health.
13.	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.		I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.

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Response categories to all questions include: strongly agree; agree; disagree; strongly disagree; not applicable; don't know; refused. For licensing and scoring information contact Insignia Health www.insigniahealth.com.



- CARE MANAGEMENT PRE-ENROLLMENT (with Risk Stratification)
- CARE MANAGEMENT ENROLLMENT INTAKE
- Providers Care Plan



SELF-SUFFICIENCY MATRIX

An Assessment and Measurement Tool Created
Through a Collaborative Partnership of the
Human Services Community in Snohomish County
Created by The Snohomish County Self-Sufficiency Taskforce



Revised August 1, 2010

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GAIN Short Screener (GAIN-SS) Version [GVER]: GAIN-SS ver. 3.0

What is your name? a.	Vhat is your name? a.		
-	(First name)	(M.I.)	(Last name)

	What	is today's date? (MM/DD/YYYY) _ / / 20					
	proble or mo your r	ollowing questions are about common psychological, behavioral, and personal ems. These problems are considered significant when you have them for two are weeks, when they keep coming back, when they keep you from meeting responsibilities, or when they make you feel like you can't go on. each of the following questions, please tell us the last time, if ever, you had the	Past month	2 to 3 months ago	4 to 12 months ago	1+ years ago	Never
		em by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 as ago, 1 or more years ago, or never.	4	3	2	1	0
			4	5	2	1.	U
IDScr	1. W a.	Then was the last time that you had significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
	Ъ.	sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	.4	3	2	1	o
	C.	feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	.4	3	2	1	o
	d.	becoming very distressed and upset when something reminded you of the past?	. 4	3	2	1	O
	e.	thinking about ending your life or committing suicide?	.4	3	2	1	O
	f.	seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	.4	3	2	1	o
EDScr	2. W	Then was the last time that you did the following things two or more times?					
	a.			3	2	1	O
	b.	Had a hard time paying attention at school, work, or home.	.4	3	2	1	O
	C.	Had a hard time listening to instructions at school, work, or home.	.4	3	2	1	O
	d.	Had a hard time waiting for your turn.	.4	3	2	1	O
	e.	Were a bully or threatened other people	.4	3	2	1	O
	f.	Started physical fights with other people	.4	3	2	1	O
	g.	Tried to win back your gambling losses by going back another day	.4	3	2	1	O
SDScr	3. W	Then was the last time that					
	a.	you used alcohol or other drugs weekly or more often?	.4	3	2	1	O
	b.	you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	.4	3	2	1	o
	c.	you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	.4	3	2	1	o
	d.	your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	. 4	3	2	1	o
	e.	you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	.4	3	2	1	o



IDScr

EDScr

SDScr

CVScr

TDScr

1a - 1f

2a - 2g

3a - 3e

4a - 4e

1a – 4e



(Co	ntinued)									
Aft	After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12							4 to 12 months ago	1+ years ago	Never
mo	nths ago, 1 or	r more years ag	go, or never.			4	3	2	1	0
VScr 4.	a. had a disagreement in which you pushed, grabbed, or shoved someone?									
			store without paying	•			3	2	1	O
	,		ped to make illegal	•			3	2	1	O
			inder the influence o	_		VIII.		2	1	0
	e. purposel	ly damaged or	destroyed property the	nat did not belong to	you?	4	3	2	1	O
5.	5. Do you have other significant psychological, behavioral, or personal problems Yes No that you want treatment for or help with? (Please describe)									
6.	6. What is your gender? (If other, please describe below) 1 - Male 2 - Female 99 - Other									
	v1									
			Sta	aff Use Only						
8.	Site ID:		Site	e name v.						
9.	Staff ID:		Sta	ff name v.						
	. Client ID:		Co	mment v.						
			by staff 2 - Adr							
	13. Referral: MH SA ANG Other 14. Referral codes:									
15	15. Referral comments: v1.									
	Scoring									
	Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)				ver , 2, 1)

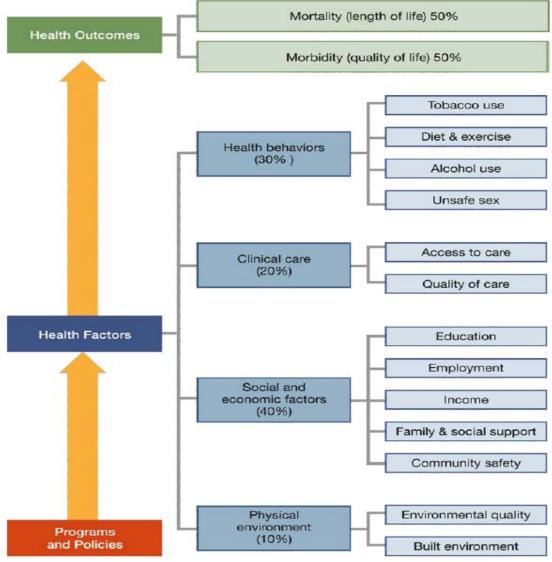
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NEXT STEPS:

Recommendations to SCDHHS

Documentation of Social Determinants Recommendations



- 1. Hospital uses existing tools to document social determinants with attestation and documentation of tools provided to SCDHHS
- 2. Hospital attestation with Patient Activation and global mental health screening questions conducted by hospital with agency update of environmental scan.

Recommendation	PRO	CON			
1. Hospital uses existing tools to document social determinants with attestation and documentation of tools provided to SCDHHS.	 ✓ Feasible within time frame allocated to implement proviso ✓ Builds on existing documentation 	Does not allow for comparisons across hospitals or systems			
2. Hospital attestation with Patient Activation and Global Mental Health Screen and environmental scan	 ✓ Feasible within time frame allocated to implement proviso ✓ Builds on existing documentation ✓ Allows for comparison across hospital systems and provides information for new interventions with this population 	Additional time and training to incorporate into hospital framework and cost to the hospital. Requires types of questions to be addressed by each area of attestation.			



Agency Requirements

- Attestation of measurements associated with social determinants by hospitals using their forms and tools.
- 2. Use of Patient Activation Measurement (PAM). (Slide 13 of this presentation)
- 3. Use of valid global mental health assessment tool (GAIN Short Screener GAIN-SS ver. 3.0)

(Slide 17 of this presentation)

Next Steps

- 1. Hospitals provided questions framing the cultural determinants requiring attestation and copies of tools capturing this information.
- Hospital will be provided by DHHS the Patient Activation Measurement for use with identified panel.
- 3. Hospitals will be provided by DHHS <u>agreed upon</u> global mental health assessment tool (GAIN- Short Screener v3)
- The measurements (2 and 3) are to be completed at two intervals intake and repeated within 6 months.
- 5. Establish committee to work on validating an instrument/tool encompassing (1 3) for future work.

Contact

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